

# **Idaho's Uninsured and Options for Expanding Access to Health Care**

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Idaho Legislature  
for the Office of Performance Evaluations

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## **Coverage Expansions: Three Questions to Answer**

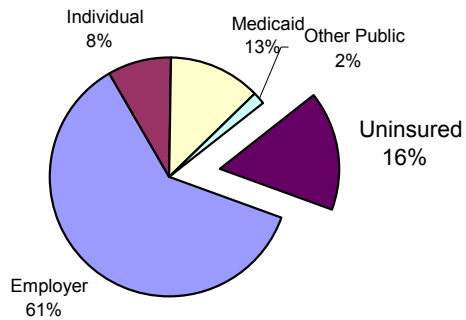
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- **Who to cover?**
- **What type of approach?**
- **How to finance the coverage?**

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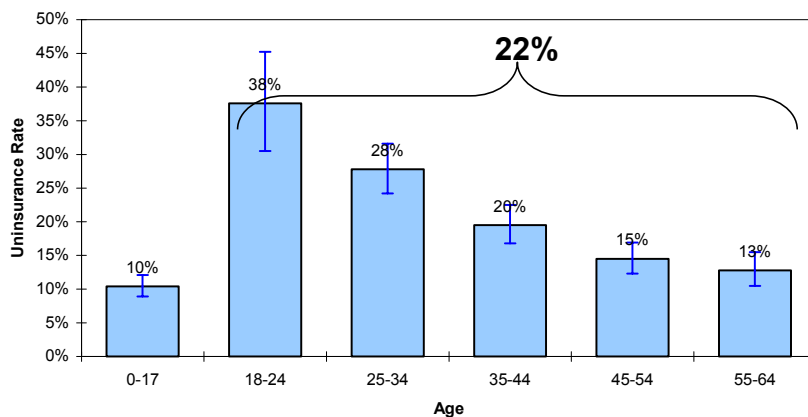
## Idaho's Uninsured Comprise 16%–18% of the Non-Elderly Population



Source: March 2005 and 2006 Current Population Survey

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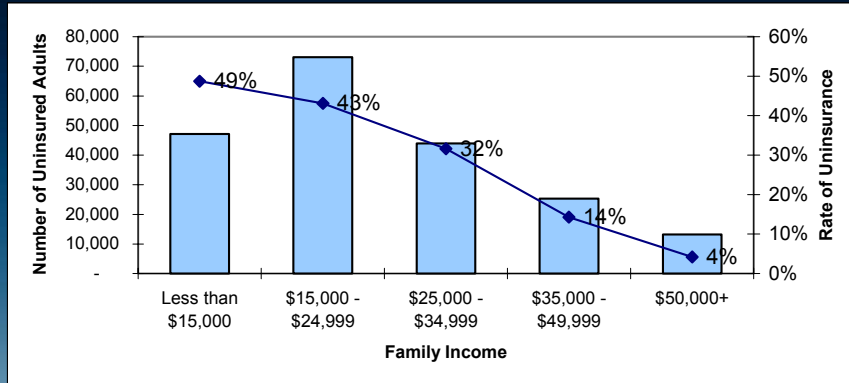
## Uninsurance Rates Vary by Age



Source: 2005 BRFSS data for Idaho

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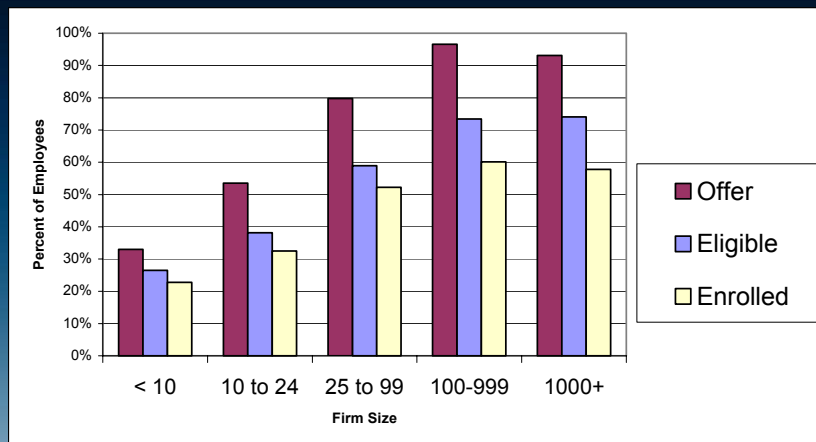
## Lower Income Residents Are More Likely To Be Uninsured



Source: 2005 BRFSS data for Idaho nonelderly adults.

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## Workers in Small Firms Are Less Likely to Have Coverage from Their Own Employer



Source: 2004 MEPS-IC for Idaho.

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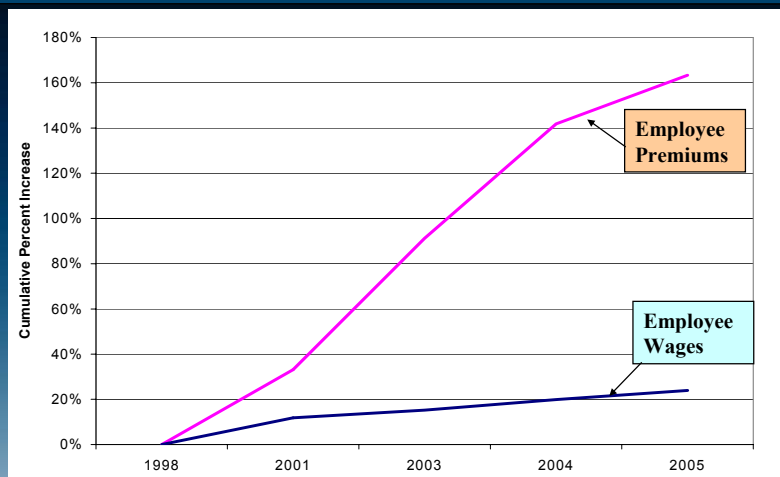
## Idaho's Rate of "Own" Employer Coverage Is Lower than US

	Idaho	US
Employees w/ Own Employer Coverage	40%	54%
Employees in Firms < 50	40%	29%
Rate of Own Employer Coverage in Firms < 50	30%	38%

Source: 2004 MEPS-IC for Idaho and U.S.

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## Premium Growth Is Outpacing Wage Growth



Source: 1998-2004 MEPS-IC for Idaho; U.S. Bureau of Labor Statistics.

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## Idaho Adults Who Avoided Going to The Doctor Due to Cost

	All Adults	Adults with a Health Plan	Adults without a Health Plan
< \$15,000	34%	26%	42%
\$15,000-\$24,999	31%	23%	40%
\$25,000-\$34,999	23%	17%	36%
\$35,000-\$49,999	17%	14%	34%
\$50,000+	5%	4%	26%
Total	17%	11%	36%

Source: 2005 BRFSS data for nonelderly adults in Idaho.

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## A Typology of Coverage Approaches

- Modify the market in which coverage is offered
- Subsidize market-based coverage
- Provide direct public coverage
- Provide new mechanisms for accessing care

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## Modify the Market in Which Coverage Is Offered

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- Limited Benefit Plans
- Mini-COBRA
- Increase the Age of Dependency
- Buy-in to State Health Plan
- Small Employer Purchasing Pools
- Insurance Exchange or “Connector”

## Subsidize Market Based Coverage

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*Difficulty affording premiums is the most common reason given for being uninsured.*

- Subsidies can lower the cost for the employer, the individual or both
- Subsidies can be prospective, retrospective or embedded in the apparent price of the premium

## **Subsidies Can Be Combined With Other Strategies**

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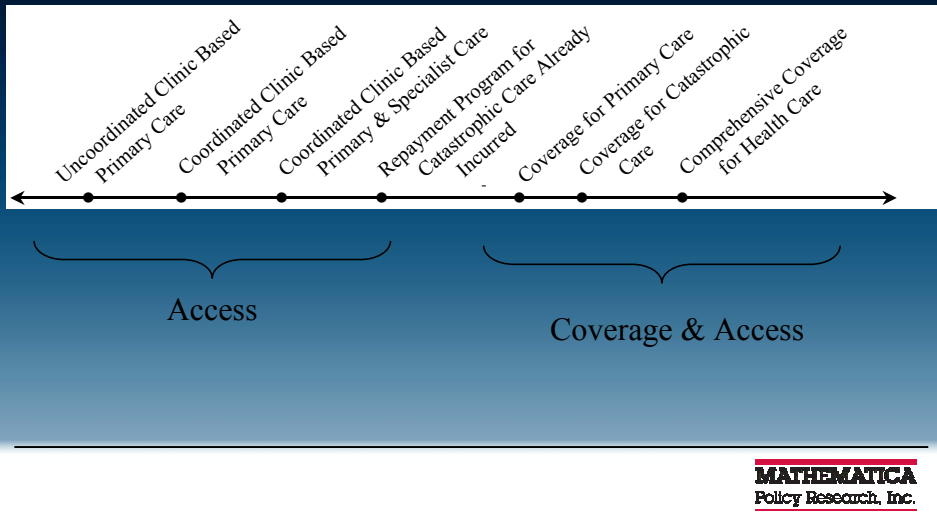
- **Healthy New York: Subsidy + pools together individuals and small groups + modest benefit**
- **Insure Montana: Subsidy + small employer pool**
- **Muskegon Three Share: Subsidy + donated care + limited benefit**

## **Direct Public Coverage**

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- **Boost enrollment among eligibles**
- **Expand eligibility:**
  - **All Kids program (IL, PA, TN)**
  - **Parents**
  - **Childless adults (ME, PA, WA, UT)**
- **Federal match may be available**

## Access to Care has a Continuum



## Approaches to Funding

- **Federal:**
  - Medicaid and SCHIP matching funds
  - Disproportionate share hospital (DSH) funds,
  - Community health center (CHC) grants
  - High-risk pool subsidies
- **State:**
  - Tobacco settlement funds
  - “Sin” taxes
  - Insurer assessments
  - General revenues/tax expenditures



## **Approaches to Funding (continued)**

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- **Other:**
  - New employer contributions
  - Provider discounts and donated care

## **New Coverage Options Should Be Part of a Comprehensive State Vision**

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- **Clearly articulated policy goals**
- **Data collection and reporting to support policy goals**
- **Complementary strategies to address health care cost escalation**
- **Complementary strategies to ensure adequate access to providers**

**Thank you**

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